

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>W. H. E.</i>	<i>5019</i>	<i>04-12-01</i>
O.I.P.E. CLASSIFIER		<i>48</i>	<i>5/8/01</i>
FORMALITY REVIEW	<i>C. V.</i>	<i>20503</i>	<i>05/15/01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral) ..... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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APR 05-05-01